

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # P94000028037 (7)

1. Corporation Name
SATELINK SYSTEMS CORP.



Principal Place of Business

8535-3 BAYMEADOWS RD.
117
JACKSONVILLE FL 32256
US

Mailing Address

% 1800 THE GREENS WAY NO. 106
JACKSONVILLE BCH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

59-3235389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1289 Rip Tide Blvd

27 Suite, Apt. #, etc.

28 City & State

Jacksonville Beach, FL

29 Zip

32250

30 Country

USA

9. Name and Address of Current Registered Agent

HOMER, BRADLEY G
1800 THE GREENS WAY NO. 106
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Homer, Bradley G

82 Street Address (P.O. Box Number is Not Acceptable)

1289 Rip Tide Blvd

83

84 City

Jacksonville Beach FL

85 Zip Code

32250

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BRADLEY G HOMER
STREET ADDRESS 1800 THE GREENS WAY #106
CITY-ST-ZIP JACKSONVILLE BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Bradley G. Homer
1.3 STREET ADDRESS 1289 Rip Tide Blvd
1.4 CITY-ST-ZIP Jacksonville Beach FL 32250

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Emmett Grandy
2.3 STREET ADDRESS 317 9th Ave
2.4 CITY-ST-ZIP Atlantic Beach, FL 32233

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Bradley G Homer 8/31/98 9043595097

CR2E034 (5/98)